

Sexual and Domestic Violence Programs

2019 Novel Coronavirus (COVID-19) Guidance

April 23, 2020

Intended Audience: Organizations that operate sexual and domestic violence programs, which includes General Community-Based Domestic Violence (GCBDV) services; Rape Crisis Centers (RCCs); Children Exposed to Domestic Violence (CEDV); Supervised Visitation Services (SVS); Sexual and Domestic Violence Services for Communities Experiencing Inequities (SDVEI), including immigration legal assistance; Intimate Partner Abuse Education Programs (IPAEP); Emergency Shelter (ES); Housing Stabilization (HS); and DV, Substance Misuse, and Trauma Shelter (DVSMT).

This information replaces the interim guidance for sexual and domestic violence programs issued on March 23, 2020. It is intended to supplement, not supplant, the current *Residential and Congregate Care Program Guidance* for organizations funded by any of the agencies that comprise the Executive Office of Health and Human Services. This guidance it is also intended to supplement, not supplant, contracts with the Department of Public Health to provide sexual and domestic violence services.

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Background statement

In the face of the COVID-19 epidemic, adjustments to program models are necessary to eliminate or reduce all in-person interaction and to reduce the impact of the virus on clients, staff, and community. This is prudent and follows the public health guidance related to the COVID-19 epidemic. It reduces potential illness among staff and guests. Keeping staff healthy maximizes the likelihood that we can maintain staffing and programs. It is imperative that we quickly address the possibilities associated with the upcoming surge in COVID-19 and prepare to support the domestic violence residential programs considering what they may be facing. This guidance should be used to help both residential and community-based sexual and domestic violence programs think through and develop plans to mitigate potential issues regarding staffing, housing, handling potentially sick staff and guests, and obtaining needed supplies.

Planning

Helpful planning resources are available from the Resource Sharing Project, including tools for [organizational succession planning](#), [working remotely](#), [paid administrative leave](#), [agency financial planning](#), and [online professional development opportunities](#).

Emergency Planning with Program Participants

Additionally, programs should work with program participants to plan for the possibility that they will contract COVID-19, including:

1. Updating emergency contact information
2. Name and phone number of the program participant's health care provider
3. A list of local urgent care facilities for program participants without a health care provider, along with local Emergency Departments. (Alternatively, program participants can contact their insurance company, if applicable, to obtain their insurance company's procedures for testing persons with COVID-19 symptoms.)
4. Participants should create and keep on their person a list of all medications they take, including dosage and frequency
5. Written designation of medical power of attorney (a sample medical power of attorney can be found [here](#))
6. Informal or formal plan for childcare if a single parent or both parents become ill and cannot care for their children (see "Children" section below). An authorization form to designate a child caregiver can be found at <https://www.mass.gov/files/documents/2016/08/ul/caregiverauthorizationaffidavitform.pdf>.

Inventory and Maintenance of Essential Supplies

Programs should take inventory and maintain essential items including, but not limited to:

1. Disinfectant cleaning supplies
2. Hand sanitizer

3. Rubber gloves, if available
4. Face masks, if available
5. Disposable plates and cutlery (single-use)
6. Facial tissue
7. Toilet paper
8. Personal protective equipment (see section by this name below), if available

Emergency Planning Around Shelter Procedures

Emergency shelter programs are encouraged to develop and update, as appropriate, plans for:

1. Transporting shelter guests (or staff who develop symptoms while at work) with symptoms to and from medical facilities for testing. Programs should be aware of what transportation options are appropriate and available in their communities, including cabs, ride-sharing platforms, and medical transportation.
2. Program participant isolation if a guest develops COVID-19 and needs to be isolated and cared for at the facility.
3. Use of personal protective equipment, if available, for interacting with guests with symptoms of respiratory infection.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.
5. Alternate staffing patterns or options if needed due to staff illness.

Service Modifications

This section will outline areas in sexual and domestic violence programs that may require modification in light of the COVID-19 epidemic in order to reduce the impact of COVID-19 on clients, staff, and the community and the procedures that programs must follow in order to make those modifications.

If any services are modified, programs must inform their DPH contract manager(s) in writing in advance of the change. If changes must be made immediately, the DPH contract manager(s) must be informed in writing within 24 hours of the change being implemented.

When service procedures are revised, the program should develop and issue communications to all program participants, staff and volunteers, and community partner agencies regarding any changes.

Community-Based Program Modifications

In light of Governor Baker's March 23, 2020, stay-at-home advisory, sexual and domestic violence services normally provided in person must be provided by via phone, text, instant messaging app, email, or video platform via smartphone, tablet, or computer. This applies to all community-based service models. These services include, but may not be limited to: safety planning, individual counseling, some groups, medical advocacy, legal services, and many types of advocacy on survivors' behalf. The National Network to End Domestic Violence (NNEDV) has issued helpful guidance on [providing digital services during a public health crisis](#), [best practices in mobile advocacy](#), and [operating as a remote workplace](#). A [digital services toolkit](#) is also available.

All service models should continue or increase safety planning with survivors, given the rapid changes to lifestyles during this public health crisis. Loveisrespect.org offers an [online interactive guide to safety](#)

[planning](#). Programs must also manage the size of gatherings in accordance [with issued executive orders](#). The current restriction on gathers is limited to 10 individuals.

Comprehensive Rape Crisis Centers

The Department of Public Health has suspended the requirements that Rape Crisis Centers provide in-person advocate response to forensic sexual assault exam sites, to law enforcement agencies, and to courts. Rape Crisis Centers should offer these services remotely whenever possible. SANE Coordinators can help coordinate connecting survivors having forensic exams with their local RCC by phone.

Rape Crisis Centers must continue to provide hotline services and to have clinical supervision available for staff and volunteers interacting with survivors.

Intimate Partner Abuse Education Programs

Intimate Partner Abuse Education Programs should consider not only the health of group participants and staff, but also the possibility of abuse taking place because an offender is participating in group electronically while at home with their partner. IPAIE programs can suspend groups if it is determined that this risk outweighs the benefit of continued sessions. The Office of the Commissioner of Probation has approved groups being held electronically or suspension of services during this emergency period.

If groups are suspended, the program must still conduct regular check-ins with participants, complete intakes, and increase partner contacts to maximize safety. The Department of Public Health is aware that increased partner contacts, one-on-one contacts with each program participant especially if they are experiencing high acuity stressors, revised procedures for fee collection, coaching related to use of technology, and in some cases doing groups remotely involves far more staff time than normal. Programs should continue to bill their awarded units for group and outreach work since a rate is not available for this level of one-on-one work.

The Department is also waiving the requirement that fees be collected from program participants at the time of group/service. Programs may delay collection of fees or waive them if they choose to do so. The Department also recognizes that participant job loss and consequent inability to pay fees presents a moral dilemma to IPAEP service providers faced with the choice of delayed or non-collection of fees and cessation of services, which would likely result in increases in abuse. The Department further recognizes the financial impact on IPAEP programs of loss of/delay in collecting the participant fees that offset the group rate paid by DPH, as well as cessation or near-cessation of court referrals and large decreases in Department of Children and Family (DCF) referrals, and is working internally to identify ways to address that impact.

Supervised Visitation Services

It is critical that children who have experienced trauma maintain contact with both parents during this stressful time, particularly if such visitation has been court-ordered. Supervised Visitation programs are required to find alternative methods of contact between the child(ren) and the offending parent, as well as the non-offending parent if they are not the primary caregiver. When safe to do so, these must include video as well as audio capability. If one or both parents do not have the technological tools to participate in audio-video visits, the Supervised Visitation program must provide them with a device to use temporarily. A custodial parent who does not want to have their child participate in a video visit

must be advised to seek an emergency modification to the court's custody and visitation order. Supervised Visitation programs must assist parents facing this issue to determine where and how to go about filing for such an order, given the status of the courts in the local area. General Community-Based Domestic Violence programs may be able to help with these efforts. These revised plans should be communicated to partner agencies such as the Department of Children and Families (DCF), Probate and Family Courts, Guardians Ad Litem, and others as appropriate.

Supervised Visitation programs must also check in regularly with program participants. Separate check-ins must be done with partners and non-offending parents to verify adherence to the identified plan.

For situations in which supervised child exchange has been court-ordered at the start and end of visits with a non-custodial parent, custodial parents may have concerns about the ability or willingness of the non-custodial parent to follow public health guidelines to avoid the spread of COVID-19. In these cases, the custodial parent should apply for an emergency modification of the child custody order.¹ Supervised Visitation programs must assist parents in determining how to do this and where to file, based on the status of courts in the community being served.

Children Exposed to Domestic Violence programs

No additional specific guidance.

Sexual and Domestic Violence Services for Communities Experiencing Inequities

No additional specific guidance.

General Community-Based Domestic Violence programs

No additional specific guidance.

Residential Program Modifications

Housing stabilization programs that are scattered site must check in with program participants on their usual schedule, or more often if the survivor is struggling, by phone, text, email, chat, or other electronic means.

Shelter Programs (Emergency Shelter and Domestic Violence, Substance Misuse, and Trauma Shelter)

In navigating the reality of the COVID-19 pandemic and related public health guidance to reduce the spread of the virus, residential programs may need to modify their common practice of using hotels or alternative housing arrangements for short-term, emergency housing. Hotels or similar alternatives to the congregate shelter setting can allow better social distancing between program participants, both with each other and with staff. They can also make quarantine or isolation, when indicated, more feasible.

To help residential programs weigh these important and sometimes competing priorities, this guidance includes a rubric identifying the degree to which each housing option addresses various factors. This was developed by Safe Passage, Inc., of Northampton and is used with permission.

¹ Katelyn Fabbri, Domestic Violence Coordinator, Executive Office of the Trial Court, conference call with Supervised Visitation Programs, April 2, 2020

The factors to consider are listed below. The rubric itself is in Appendix 1: Housing Options Rubric from Safe Passage, Inc., Northampton (used with permission).

Considerations for residential programs:

1. **GUEST AGENCY:** Elevation of individual guest agency regarding social distancing and risk tolerance.
2. **INTERACTION:** Reduction of staff/staff, staff/guest, and guest/guest interaction.
3. **SANITATION:** Ability to maintain surface cleaning and sanitation practices per EOHHS guidelines and public health recommendations.
4. **ISOLATION:** Ability to isolate exposed, symptomatic and sick guests.
5. **SUPPORT SICK GUESTS:** Ability to support sick guests.
6. **SUSTAINABILITY:** Considers both financial/resource impact and vulnerability to outside forces

Staffing and Contingency Planning

Domestic violence shelter providers must maintain 24/7 shelter coverage for as long as they are able to do so. Shelter programs need to have a plan for managing shelter services in the event that 24/7 staffing cannot be maintained.

If any services are modified, programs must inform their DPH contract manager(s) in writing in advance of the change. If changes must be made immediately, the DPH contract manager(s) must be informed in writing within 24 hours of the change being implemented.

Before a contingency plan is implemented, shelter programs must submit to DPH the program's contingency plan for managing shelter services should some or all program participants need to be moved to a secondary location(s). If a situation occurs where a shelter program must implement a contingency plan before notifying DPH to meet the emergency needs of a program, such as a program participant contracts COVID-19 and the shelter cannot appropriately isolate the program participant, then shelter programs must notify DPH as soon as possible, but no later than 24 hours after the contingency plan has been implemented.

All contingency plans are still required to include support, advocacy, and 24-hour access to staff. Submitted plans will be reviewed by Division of Sexual and Domestic Violence Prevention and Services staff within 24 hours. The plan must include:

1. **A brief description of the location(s) where program participants will be housed, including safety and security features and precautions that have been put in place**

Minimum standards	Best practices (not required)
<ul style="list-style-type: none">✓ All program participants and their families have a private bedroom and access to a bathroom✓ The shelter location or alternate housing solution must have exterior physical features that maximize safety, such as adequate outdoor lighting, nearby parking, and	<ul style="list-style-type: none">✓ All program participants and their families have a private room/suite with a private bathroom and kitchenette✓ The shelter location or alternate housing solution must have exterior physical features that maximize safety, such as adequate outdoor lighting, nearby parking, and

<p>unobstructed visibility from the main entrance</p> <ul style="list-style-type: none"> ✓ All participants have an emergency cell phone that directly dials 911 ✓ Shelter staff must confirm with local law enforcement and fire department that those agencies have the capacity to provide a timely response in the event of emergency 	<p>unobstructed visibility from the main entrance</p> <ul style="list-style-type: none"> ✓ The facility has indoor (common areas) and outdoor security cameras that staff can access remotely in real time ✓ Shelter staff must confirm with local law enforcement and fire department that those agencies have the capacity to provide a timely response in the event of emergency ✓ All participants have a cell phone to call 911, as well as numbers for at least two staff members. A distress code word is identified in advance.
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2. How program will ensure the participant or family has appropriate food, toiletries, cleaning supplies, medication, and other basic needs

Minimum standards	Best practices (not required)
<ul style="list-style-type: none"> ✓ Staff will deliver or arrange for daily delivery of food or meals appropriate for their program participants ✓ Program participant will inform advocate of grocery, toiletry, cleaning supplies, and medicine needs for a weekly drop-off 	<ul style="list-style-type: none"> ✓ Staff will deliver groceries or meals daily to program participants ✓ Advocates will make twice-weekly drop-offs of any toiletry, cleaning supplies, or medical needs

3. Staffing plan for continued provision of assessment of needs and risks, safety planning, crisis intervention, information and referral, support, and advocacy, including when and how these services will be provided

Minimum standards	Best practices (not required)
<ul style="list-style-type: none"> ✓ At least one staff member must be reachable 24 hours a day, with the staffing times and contact information distributed to all program participants ✓ A staff member must be able to reach the shelter or alternate housing in a timely manner in case of emergency ✓ Agency has confirmed law enforcement and fire department ability to respond to calls in a timely manner ✓ Advocates will provide ongoing safety planning and risk assessment by phone to participants 	<ul style="list-style-type: none"> ✓ Two or more staff members or trained volunteers must be reachable 24 hours a day, with the staffing times and contact information distributed to all program participants ✓ A staff member must be able to reach the shelter or alternate housing in a timely manner in case of emergency (e.g., a smoke detector is going off and keeping guests awake and guests don't know how to turn it off; police and fire emergency should be reported first to 911) ✓ Agency has confirmed law enforcement and fire department ability to respond to calls in a timely manner

<ul style="list-style-type: none"> ✓ Advocates will provide support by phone to participants and children, as appropriate, including daily check-ins 	<ul style="list-style-type: none"> ✓ Advocates will provide ongoing safety planning and risk assessment by phone to participants, with video call option used if preferred by participant ✓ Advocates will provide support by phone to participants and children, as appropriate, including check-ins daily, or more often if desired by the participant. If preferred by the participant, video call option will be used. ✓ Staff will offer the option of group chats or group video calls between interested participants on a regular basis to ameliorate loneliness and maintain a sense of community, if participants are in different locations
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If a submitted plan does not meet any of the minimum standards listed above, DPH staff will provide technical assistance to the program to develop those elements and how to implement them.

New Shelter Intakes

The Department of Public Health is aware that many factors must be taken into consideration in determining whether vacant shelter spaces can be filled. These include:

- 1) The need for social distancing
- 2) Whether shelter guests are currently at the shelter, at a hotel, at an alternate location, or some combination thereof
- 3) The shelter's ability to designate one bathroom for use by an isolated guest
- 4) Availability of staff to support guests

These must be balanced against the already insufficient capacity of the shelter system as a whole and the need to have safe places for people who are in danger to go.

The Department expects that if your program has the staffing and physical capacity to do so, you will continue to take in new program participants when you have a vacancy. If you are unable to do this, you need to provide a written explanation of the compounding factors that prohibit new intakes to your contract manager. As an example, if you are contracted by DPH for six rooms and have moved all guests into a hotel, if a participant/family leaves, you are expected to fill that room or explain to your contract manager the factors that make this impossible.

Protective Measures / Mitigating the Risk of Spreading COVID-19

Cleaning and Disinfecting²

On a daily basis, shelter facilities should be comprehensively cleaned and disinfected following the steps below. Staff should wear gloves while cleaning and disinfecting. Guidance for cleaning if there is a confirmed case of COVID-19 on site are below in the “Quarantining and Isolation” section.

For surfaces:

- 1) Commonly touched surfaces such as light switches, doorknobs, kitchen appliances, and bathroom fixtures should be cleaned at least once a day.
- 2) Clean any dirty surfaces using a detergent or soap and water.
- 3) Disinfect all surfaces with a diluted bleach solution, alcohol solution with at least 70% alcohol, or an [EPA-approved disinfectant](#). Make sure to pay special attention to high-touch surfaces such as doorknobs, railings, elevator buttons, and sinks.
- 4) To the extent possible, clean porous objects such as rugs and curtains based on the manufacturer’s instructions. If cleaning is impossible, store them away.
- 5) After cleaning and disinfecting, immediately wash hands for at least 20 seconds.

For laundered fabrics (e.g., clothing, towels, and linens):

- 1) Avoid shaking or “hugging” dirty laundry to the greatest extent possible.
- 2) Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people’s items.
- 3) Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.
- 4) After cleaning and disinfecting, immediately wash hands for at least 20 seconds.

Handwashing

In addition to following the cleaning and disinfecting protocols as described above, staff should review proper handwashing techniques and try to reinforce these techniques with others. Hand sanitizer and/or soap should be placed in accessible locations. Waste baskets should be placed in visible locations and emptied regularly. Tissues should be made available so that individuals can cover their coughs and throw away the tissue.

Resources on handwashing can be found here:

- [Handwashing: Clean Hands Saves Lives](#)
- [Handwashing Educational Materials](#)

² COVID-19 Guidance for Individual Homeless Shelters, Drafted by MA Department of Public Health, Updated April 2, 2020

Social Distancing³

Signs about social distancing should be posted throughout the shelter, such as those found on the [MA DPH website](#).

Shelter staff should work to maintain the following social distancing policies:

- 1) Individuals should be kept at least 6 feet apart as much as possible and reminded not to shake hands, high-five, hug, or have any other physical contact.
- 2) Shelter guests and staff should wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (front and back, wrists, between fingers, etc.)
- 3) Stagger mealtimes to reduce crowding in shared eating facilities. Stagger the schedule for use of common/shared kitchens.
- 4) Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
- 5) Eliminate activities that congregate many guests at once such as “house meetings” and opt for much smaller group activities where individuals can practice social distancing or remote gatherings through electronic means.
- 6) Reduce the amount of face-to-face interactions with shelter guests for simple informational purposes.
- 7) Eliminate unnecessary assembly of staff. All staff meetings should allow for social distancing.

Shelter guests, especially children, may be reluctant to follow unfamiliar new social distancing policies; this is addressed above in the considerations for the most appropriate housing during this emergency for shelter guests. It may be helpful to use a written agreement with guests.

A sample agreement is provided in Appendix 2: Sample Shelter Guest Agreement during COVID-19 Emergency.

In the event that a shelter guest is unwilling to follow these public health guidelines, a shelter program has cause to terminate services to that guest “after determining that the participant’s actions or continued presence endanger the health or safety of self or others.”⁴ Shelter programs are strongly encouraged to develop alternative arrangements whenever possible to prevent this from happening.

Use of Communal Kitchens

To facilitate social distancing and mitigate risk of spreading COVID-19, shelter programs should consider these measures on the use of communal kitchens and dining areas:

- 1) Stagger mealtimes to reduce crowding in shared eating facilities.
- 2) Consider relaxing guidelines around meals being eaten in bedrooms.
- 3) Create a staggered schedule for use of common/shared kitchens. A schedule can provide clarity and reduce confusion and conflict about times of kitchen use.

³ Adapted from *COVID-19 Guidance for Individual Homeless Shelters*, Drafted by MA Department of Public Health, Updated April 2, 2020

⁴ *DPH Guideline: Termination of Participants from Residential DV Programs*, page 2, section A, issued February 9, 2019

- 4) Using single-use paper products, such as plates, cups, and bowls, and plastic utensils.
- 5) Ensuring thorough washing in very hot water of any shared kitchen equipment.
- 6) Reinforcing handwashing before and after eating among all shelter guests, including children.

Screening Guests⁵

The Department of Public Health recognizes that domestic violence shelter staff are not health care providers and do not have health care training beyond CPR and first aid. The circumstances of each shelter, including whether personal protective equipment (PPE) is available, will help agency management determine whether new guests can be accepted. This screening information is provided to assist those who are able to accept new guests, as well as shelters that may need to have another individual enter the building (e.g. emergency plumbing repair).

- 1) Designate a single point of entry for each residential building.
- 2) Screening should occur prior to entering any residential building.
- 3) Staff performing screening should be appropriately equipped with disposable gloves and standard surgical masks. Ideally, they should also have a thermometer and associated disinfecting supplies on-hand for screenings.
- 4) When an individual arrives at the facility, staff should ask the following questions to determine whether a guest can be allowed into the main facility:
 - a. Determined by subjective fever (feeling feverish) or confirmed with a thermometer⁶ reading: does the individual have a temperature of 100.0 F or greater? **Note: If used, thermometers should be disinfected after each use.**
 - b. Has the individual been tested for COVID-19, and if so, were the results positive?
 - c. Is the individual awaiting results of a COVID-19 test?
 - d. Is the individual exhibiting symptoms of respiratory illness, such as coughing or shortness of breath?

If the answer to any of the above questions is “**Yes**,” the individual cannot enter the shelter and should be redirected to a quarantine location. Ideally, the shelter program will have other safe options where the individual can quarantine.

If the answer to all of the above questions is “**No**,” the individual may be allowed to enter the shelter’s main facility.

- 5) If staff have any contact with the person being screened, gloves should be worn and changed between each screening. Hands should also be washed after each screening. At the end of their shift, screening staff should throw away their masks and wash their hands for at least 20 seconds before leaving the facility.

⁵ Adapted from *COVID-19 Guidance for Individual Homeless Shelters*, Drafted by MA Department of Public Health, Updated April 2, 2020

⁶ CDC Public Health Guidance for Community-Related Exposure, <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Restrictions on Visitors

(see Residential and Congregate Care Programs Guidance)

Staff protocols

(see Residential and Congregate Care Programs Guidance)

Staff should be reminded to check their temperature every day before coming to work and to stay home if they have a fever or are feeling unwell. If staff do not own a thermometer, the shelter should make every attempt to screen staff members when they arrive to work.

If the needs of the program exceed current staffing capacity or ability, contact your DPH contract manager to prioritize service provision and planning.

Additional Considerations

(see Residential and Congregate Care Programs Guidance)

Precautionary Steps to Keep Residents and Staff Health

Reminders for Residents and Staff

(see Residential and Congregate Care Programs Guidance)

Facility Protective Measures

(see Residential and Congregate Care Programs Guidance)

Personal Protective Equipment (PPE)

Programs are encouraged to educate staff on proper use of personal protective equipment (PPE) and when to use different types of PPE. CDC information on use of PPE can be found here:

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Process for requesting PPE

Requests for PPE from essential service providers, such as shelters, are handled by the local emergency management director who coordinates with the Massachusetts Emergency Management Agency (MEMA) for distribution of those supplies.

Residential programs should contact their local emergency management director who will initiate the request to MEMA. The Emergency Management Director for each city/town in MA can be found here: <https://www.mass.gov/doc/community-emergency-management-directors-emd-list/download>.

If you have questions or problems with about acquiring PPE, please contact Quynh Dang in the DPH Division of Sexual and Domestic Violence Prevention and Services at Quynh.Dang@state.ma.us or, in urgent situations, text or call her cell phone, 857-919-1909.

The Emergency Management Director has access to [MEMA WebEOC](#) to submit a request to MEMA. For non-medical services, the local Emergency Management Director works with the town/city health department to keep track of infections and coordinate contagion control at the local level.

Additional Process⁷

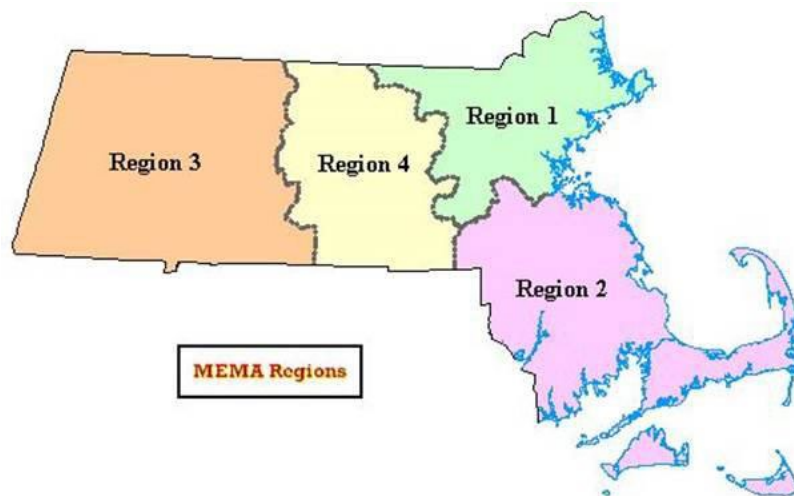
If you have not been able to access PPE through your town's emergency management director, it can also be requested directly from MEMA through the regional offices as described below:

Identify what your PPE needs are and be prepared to describe the following (see "Types and Quantities of PPE for Essential Services Residential Programs" section, below):

- PPE normally used, if applicable
- Quantity needed
- Burn rate (how quickly supplies are exhausted)

Identify which region your agency/organizations located in.

- Region 1 is Boston and communities north.
- Region 2 is communities southeast of Boston, Cape, and Islands.
- Region 3/4 is Worcester county to the New York border.



From **7AM – 5PM** PPE can be requested by phoning the Regions at their respective phone numbers.

- Region I 978-328-1500
- Region II 508-427-0400
- Region III/IV 413-750-1400

From **5PM – 7AM** PPE can be requested by email.

- Region I REOC1.Manager@mass.gov
- Region II REOC2.Manager@mass.gov
- Region III/IV REOC34.Manager@mass.gov

⁷ Process for Requesting Personal Protective Equipment (PPE) from Massachusetts Emergency Management Agency, provided by MEMA to EOHHS April 11, 2020

Types and Quantities of PPE for Essential Services Residential Programs:

When you contact the emergency management director, they should provide instructions and ask questions to determine the supplies that you will need. The official guidance for PPE for “homes” is for “standard medical masks” and “standard medical gloves.” You may also consider ordering hand sanitizer, if needed.

Medical experts and supply managers for health care facilities advise these supplies and these quantities for domestic violence shelters:

- 1) **Masks:** 1-2 surgical masks per day per person. Masks are also sometimes called "medical masks" or "level 1 masks". Masks can be worn 1 per day and changed if they become moist. Most days, only 1 mask will be used.

Calculate the quantity needed by (# of people) x (2 masks) x (# of days). No recommendations on the number of days. Some are ordering several months' supply. You will only receive what is available, not several months' supply.

- Surgical mask smaller size
- Surgical mask larger size

- 2) **Gloves:** Use as needed, when touching bodily fluids. Most days, gloves should not be needed if hand washing is available. Hand washing is more effective.

Calculate based on 1 pair (2 gloves) per day per person.

- Disposable Nitrile gloves size small
- Disposable Nitrile gloves size medium
- Disposable Nitrile gloves size large

- 3) **Hand sanitizer:** Quart size containers. Use when hand washing is not available. Use with children when it is difficult to get them to wash their hands. No guidance provided on how much hand sanitizer to order. Estimate more if your shelter has many children in residence, less if your shelter has numerous sinks available per resident.

References:

- Link to the official guidance for PPE for essential services. Residential programs fall under the category of “homes.” The [guidance calls for masks and gloves for “homes.”](#)
- The process described above is at this site; follow the instructions for police department, fire department, as essential services fall into this category of responders. Do not follow the instructions for medical providers. https://www.mass.gov/info-details/guidance-for-requesting-personal-protective-equipment-ppe?_ga=2.203497561.890082102.1585681704-1120332874.1573137982.

Cases of Covid-19 in Employees or Residents

Suspected Cases of Covid-19

(see Residential and Congregate Care Programs Guidance)

Testing

(see Residential and Congregate Care Programs Guidance)

The Department of Public Health states⁸ that people who are close contacts of someone with COVID-19 or those in a community with rapid spread of COVID-19 who develop symptoms of the virus should contact their health care provider to discuss symptoms and whether testing is indicated. The Centers for Disease Control and Prevention recommend⁹ the following factors be considered when determining whether testing should be done:

- Most people have mild illness and are able to recover at home.
- There is no treatment specifically approved for this virus.
- Testing results may be helpful to inform decision-making about who you come in contact with.

A list of Massachusetts COVID-19 testing sites can be found here:

<https://www.mass.gov/doc/ma-covid-19-testing-sites/download>

If a shelter program participant believes they may have COVID-19, phone contact should be made with the person's healthcare provider or with the local Board of Health in that city or town. These entities will screen the person and order testing if it is indicated.

When an individual tests positive for the virus, the local Board of Health will contact the person for purposes of confidential notification of people with whom the person has had close contact. Program staff seeking more information about whether staff and/or other program participants should also be tested should contact the local Board of Health or the sick individual's healthcare provider.

On-Site Testing

(see Residential and Congregate Care Programs Guidance)

Confirmed Cases of Covid-19

Reporting

(see Residential and Congregate Care Programs Guidance)

Cleaning

(see Residential and Congregate Care Programs Guidance)

Close Contact with a Confirmed Case of Covid-19

(see Residential and Congregate Care Programs Guidance)

⁸ Mass.gov website, *Frequently Asked Questions about COVID-19*, <https://www.mass.gov/info-details/frequently-asked-questions-about-covid-19#what-should-i-do-if-someone-in-my-household-is-quarantined?>

⁹ CDC, *Testing for COVID-19: Who should be tested*, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

Confirmed Employee Case Outside Congregate Care Program
(see Residential and Congregate Care Programs Guidance)

Reporting Covid-19 Cases

Daily Tracker

(see Residential and Congregate Care Programs Guidance)

The COVID tracker has been distributed to all residential programs for reporting of new COVID-19 cases among guests or staff as programs learn of them. These reports will remain with the Division of Sexual and Domestic Violence Prevention and Services for purposes of providing support to programs and ensuring case counts are not duplicated. Information will be reported by the Division in the aggregate only.

Reporting Deaths

(see Residential and Congregate Care Programs Guidance)

These reports will also remain with the Division of Sexual and Domestic Violence Prevention and Services for purposes of providing support to programs and ensuring case counts are not duplicated. Information will be reported by the Division in the aggregate only.

Providing Care to Residents

Determine Location of Care

On-Site Care

Limiting Further Spread

(see Residential and Congregate Care Programs Guidance)

Resident Care

(see Residential and Congregate Care Programs Guidance)

Alternative Care Sites

Notifying Families/Guardians

(see Residential and Congregate Care Programs Guidance)

Length of Stay

(see Residential and Congregate Care Programs Guidance)

Quarantine and Isolation¹⁰

(see Residential and Congregate Care Programs Guidance)

Quarantine

Quarantine is used for individuals who have been exposed to COVID-19 but who have not shown symptoms of illness themselves. People who have been exposed to a confirmed or suspected COVID-19 patient are advised¹¹ to:

- Stay home for 14 days after last exposure
- Remain at least six feet from others at all times
- Self-monitor for symptoms (fever, coughing, shortness of breath)
- Avoid contact with people at higher risk for severe illness, including people over 65, pregnant women, and those with certain underlying health conditions

A visual depiction of the quarantine process is available in Appendix 3: Staff Quarantine.¹²

Isolation

Isolation is used for individuals who have either tested positive for COVID-19 or who are exhibiting signs of COVID-like illness (e.g., fever, cough, etc.). Approximately 80-90% of COVID-19 patients are able to manage their illness and recover at home, through extra fluids, acetaminophen, and isolation from others¹³. Individuals with confirmed or suspect COVID-19 are advised to¹⁴:

- Stay in a room alone as much as possible, with the door closed.
- Not leave home except to seek medical care, if needed.
- If possible, use a bathroom not used by anyone else; if this cannot be arranged, the bathroom should be disinfected after each use by the patient.
- Wear a mask or cloth face covering, especially around others.
- Monitor their symptoms.
- If medical treatment is needed, call in advance if it is not an emergency.
- Emergency warning signs for COVID-19 patients to seek immediate medical care include trouble breathing, persistent pain or pressure in chest, new confusion or inability to arouse, or bluish lips or face.
- Call 911 if the person has a medical emergency.

Procedures for Ending Isolation

People who have COVID-19 and have isolated can stop isolation under the following circumstances¹⁵:

¹⁰ CDC *About Quarantine and Isolation*, <https://www.cdc.gov/quarantine/quarantineisolation.html>

¹¹ CDC *Public Health Guidance for Community-Related Exposure*, <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

¹² Adapted from DPH's Bureau of Substance Addiction Services (BSAS), *Reporting/Mitigating COVID-19 Cases in BSAS-licensed/contracted Programs*, April 6, 2020

¹³ Dr. Larry Madoff, Medical Director, DPH Bureau of Infectious Disease and Laboratory Sciences, conference call with sexual and domestic violence service providers, 4/7/2020.

¹⁴ CDC, Steps to help prevent the spread of COVID-19 if you are sick, <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

¹⁵ CDC, Steps to help prevent the spread of COVID-19 if you are sick, <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

- If a test will not be done, the person can leave home after all these criteria are met:
 - No fever for at least 72 hours without the use of a fever-relieving medication, AND
 - Other symptoms have improved, AND
 - At least seven days have passed since symptoms appeared.
- If a test will be done, the person can leave home after all these criteria are met:
 - No fever without the use of a fever-relieving medication, AND
 - Other symptoms have improved, AND
 - Two tests done at least 24 hours apart are negative.

Staff Member Resides with Quarantined Individual

If a staff member resides with a quarantined individual, but that quarantined individual has not tested positive for COVID-19, no reporting is required. The staff member may continue to work as normal.

If a staff member resides with an individual who tests positive for COVID-19, the staff member should be quarantined for 14 days following the last close contact with the confirmed case. If the staff member develops symptoms during that 14-day period, they should immediately contact a healthcare provider for further clinical assessment.

Deep Cleaning

Definitions

(see Residential and Congregate Care Programs Guidance)

Timing of Deep Cleaning Procedures

(see Residential and Congregate Care Programs Guidance)

Personal Protective Equipment

(see Residential and Congregate Care Programs Guidance)

Cleaning Surfaces

(see Residential and Congregate Care Programs Guidance)

Cleaning Agents

(see Residential and Congregate Care Programs Guidance)

Linens, Clothing, and Laundry Items

(see Residential and Congregate Care Programs Guidance)

Cleaning while residents is receiving care

(see Residential and Congregate Care Programs Guidance)

Financial Impact

State aid

The Department of Public Health recognizes that this emergency has resulted in myriad extraordinary costs for programs, including but not limited to hotel rooms, overtime or hazard pay for staff, technology to accommodate staff working remotely and/or guests staying outside the shelter, additional food costs, transportation, direct participant assistance, and more.

On March 10, 2020 Governor Baker ordered the Executive Office of Health and Human Services to adjust the rates for essential providers during the COVID-19 emergency. This will provide an additional 10% to the average monthly billing amount for each rate-set contract for sexual and domestic violence services for each month in FY20 that the state of emergency continues. Providers can use this funding for any program-related costs they have incurred as a result of the emergency.

Additionally, DPH is working with the Massachusetts Office for Victim Assistance (MOVA) to ensure that federal Victims of Crime Act (VOCA) funding is made available to all sexual and domestic violence victim service providers, including those not currently funded by MOVA.

DPH will continue to pursue avenues to obtain additional emergency funding and/or reduce the extraordinary costs that providers have incurred as a result of COVID-19.

Federal aid

On March 28, 2020, the [Commonwealth](#) received a Major Disaster Declaration from the federal government. Under FEMA's Public Assistance Program within the Major Disaster Declaration, affected local governments and certain private non-profit organizations statewide will be reimbursed by the Federal Government for 75% of their costs associated with response and emergency protective measures.

To request funding assistance, please complete the following:

- Go to: https://massgov.formstack.com/forms/em3438_declaration_fema_pa_questions.
- When prompted for a message, type: My organization is a private not-for-profit assisting with the COVID crisis and I would like to sign up for FEMA assistance.

If you have questions, please reach out to disaster.recovery@mass.gov for help with the process.

Local aid

The City of Boston has established a \$3 million to assist residents with rent payments.

<https://www.boston.gov/news/3-million-fund-help-bostonians-pay-their-rent-during-covid-19-pandemic>

The funds will help income-eligible tenants in the City of Boston who do not have access to expanded unemployment benefits, or because of the nature of their jobs, the unemployment benefits they will receive represent a significant reduction in their actual income.

Children

There is a great deal of concern about what will happen to children in domestic violence shelters whose parents become ill, or if the children themselves have COVID-19.

The Massachusetts Law Reform Institute has issued a “Planning for Family Emergency Packet” for immigrant families, who frequently face concerns about what will happen to children should parent(s) be detained or deported. This packet includes numerous resources that can help DV shelter programs engage participants in planning, including a general planning and childcare plan, options for childcare, child’s vital information, caregiver authorization affidavit, temporary agent authorization, and more. The packet can be found at this site in English, Spanish, and Portuguese:

<https://www.masslegalservices.org/content/family-preparedness-packets>

Department of Children and Families¹⁶

The Department of Children and Families (DCF) works in partnership with families and communities to keep children safe from abuse and neglect. Child protection is an essential function of state government and during the COVID-19 outbreak, the Department remains fully operational with social workers responding to emergencies 24 hours per day. DCF offices are open, however most DCF employees are teleworking and offices are closed to walk-in visitors. Ongoing information and updates can be found at [DCF COVID-19 Resources and Support](#).

Reporting Abuse or Neglect

DCF is designated by state law to receive and assess all reports of suspected abuse and/or neglect of children under the age of 18. Law enforcement, medical professionals and educators are all considered [mandated reporters](#) by state law. If you suspect child abuse or neglect, you must report immediately it to DCF. All reports of suspected child abuse or neglect **must be phoned in**.

During regular business hours (8:45 a.m.-5 p.m. M-F) call the [Department of Families and Children \(DCF\) area office that serves the city or town](#) where the child lives.

Nights, weekends, and holidays dial the Child-at-Risk Hotline at [\(800\) 792-5200](#).

If a child is in immediate danger, call 911.

What types of situations does DCF respond to?

DCF screens and responds to reports where a child may have been or is at risk of being abused and/or neglected by a caregiver, or where a child may have been or may be at risk of sexual exploitation and/or human trafficking. You can find more information on DCF’s definitions of abuse/neglect [here](#).

¹⁶ DCF *Guidance on Reporting Abuse and Neglect for First Responders*, April 7, 2020

Supporting Caregivers who are Ill with COVID-19

During the COVID-19 response, first responders may encounter situations where a child's parents or caregiver require immediate medical care or hospitalization, leaving care for children into question. The following questions can be helpful in deciding if a report needs to be made to DCF:

- Have the caregivers identified an alternative caregiver to care for their children while they receive medical care?
- Have they expressed concern about the alternative caregiver's capacity to care for children?
- Have you observed any concerns about the alternative caregiver's capacity to care for children?
- Are there other potential caregivers available?

DCF can assist in locating appropriate caregivers in some circumstances, for example, in situations where a parent's absence would leave the child without immediate supervision. If you have questions about whether a situation necessitates filing a report with DCF, we recommend calling DCF at the numbers listed above to discuss the situation further.

Other Helpful Resources to Connect Caregivers To:

[2-1-1](#) : Available 24 hours a day, 7 days a week

Mass.gov offers a website to help parents think about who might care for their children should they become ill. Anyone can access this site for more information, Name a Caregiver for your child. This site includes the following link,

Caregiver Affidavit link:

<https://www.mass.gov/files/documents/2016/08/ul/caregiverauthorizationaffidavitform.pdf>

[Kinship Navigator Program](#): Provides help, assistance, tips, support, guidance and advice for all familial caregivers throughout the Commonwealth. 1-844-924-4KIN (4546)

[Family Resource Centers](#): FRCs are located through Massachusetts and offer a variety of services to help families. Some of the FRCs are not physically open, but are providing assistance to families by phone.

Childcare Assistance for Essential Services Staff

Staff at sexual and domestic violence programs, as essential service providers, are able to make use of the Exempt Emergency Child Care Program.

- The [Emergency Child Care Directory](#) provide information on how essential human service workers, including the sexual and domestic violence services workforce, can utilize the Emergency Child Care Program for emergency, back-up, drop-in care.
- The [Parents and Guardians Information Page](#) provides additional information, including Frequently Asked Questions.
- The Exempt Emergency Child Care Program's [Guidance for Families](#) may also be useful.
- Information on authorization for use of the program can be found [here](#).
- The [directory of emergency child care providers](#) can be used to find a provider in your area.

Resources for Parents

- [Hello It's Me](#), a Facebook group for families that are pregnant and close to delivery, or home with a newborn during COVID-19.
- [Parenting Journey](#) is creating an emergency fund from which families can request a stipend for those impacted by the COVID-19 pandemic.
- Parents Helping Parents
 - Parental Stress Line (available 24/7): 1-800-632-8188
 - Online support groups: <https://www.parentshelpingparents.org/>
- National Parent Helpline: 1-855-4APARENT (1-855-427-2736)

Resources for Children

We know that the COVID-19 epidemic has caused many disruptions in child normal routines. Here are some helpful resources for ways to keep child occupied during this difficult time, including educational activities for children, ways to talk to children about COVID-19, and other programming.

- [Just for Kids: A Comic Exploring the New Coronavirus](#), NPR
- [How to Talk to Children about the Coronavirus](#), Harvard Medical School
- [Talking to Children About COVID-19 \(Coronavirus\): A Parent Resource](#), National Association of School Psychologists
- The National Child Traumatic Stress Network developed this helpful guide for parents and caregivers to think about how an infectious disease outbreak might affect their family— both physically and emotionally—and what they can do to help their family cope.
<https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>
- This [Online Toolkit from Sesame Street](#) can help families with young children structure their days.
- WGBH: [PBS Kids Daily](#)
- Resources and tips to help boost children's emotional health and well-being during the COVID-19 outbreak: <https://www.mass.gov/info-details/maintaining-emotional-health-well-being-during-the-covid-19-outbreak#tips-and-activities-for-children>
- Boston Children's Museum is offering [free online learning resources](#)
- New England Aquarium is posting [educational animal videos](#) online.
- [Audible, Stories Help](#). Kids can instantly stream an incredible collection of stories, including titles across six different languages, that will help them continue dreaming, learning, and just being kids. All stories are free to stream on your desktop, laptop, phone or tablet.
- [FREE: 25 Fun Mindfulness Activities for Children and Teens](#)
- Nickelodeon: [Kids Together Info & Activities](#), free for 3 months

Emotional Health of Staff and Program Participants

- Emotional reactions to stressful situations such as new viruses are expected. Remind staff and program participants that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal.
- If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

The National Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

The Mass.gov website page [Maintaining Emotional Health and Well-Being During the COVID-19 Outbreak](#) includes resources on reducing stress and healthy coping, combating isolation and loneliness, tips and activities for children, stigma and discrimination prevention, multi-lingual resources on COVID-19, online and telephone peer supports, news and social media accounts to follow, and mental health crisis support.

You can also contact the [Crisis Text Line](#) by **texting HOME to 741741**, or visit the new [Massachusetts Network of Care](#) website to locate behavioral health resources in your area.

Additional resources for telehealth mental health services include Governor Baker's March 15, 2020, [order expanding access to telehealth](#) as well as the U.S. Department of Health and Human Services and Office of Civil Rights' [easing restrictions on use of telehealth for mental health](#).

Suicide Prevention¹⁷

Suicide Prevention Resource Center (SPRC) has a list of [resources on their website](#) around mental health and COVID-19, including resources about [intimate partner violence and suicide prevention](#).

The National Suicide Prevention Lifeline (NSPL) is a resource for those in crisis; the Lifeline number is 1-800-273 TALK. The Lifeline's [website](#) also includes resources specific to COVID-19.

You can also contact [Samaritans](#) 24/7 by **calling or texting their 24/7 helpline any time at 1-877-870-4673**.

Additional Resources for Program Participants

Legal Resources

Massachusetts Domestic Violence Legal Aid & Pro Bono Services: [Find MA Domestic Violence Legal Aid & Pro Bono Services by City](#)

Metrowest Legal Services: [The Domestic Violence Project](#)

[MassLegal Help](#) – You can obtain a 209A Restraining Order when the courts are closed

Lawyers for Civil Rights – [Tipsheet with answers to legal questions/concerns related to COVID-19](#)

Unemployment Benefits

If you need to file for unemployment because your workplace is shut down, you can do so online here: <https://www.mass.gov/how-to/apply-for-unemployment-benefits> or by calling (617) 626-6338.

¹⁷ Information provided by DPH's Suicide Prevention Program in the Division of Violence and Injury Prevention, Bureau of Community Health and Prevention.

Food Resources for Adults and Families

- Counselors at [Project Bread's FoodSource Hotline](https://www.projectbread.org/foodsource-hotline) (1-800-645-8333) are available to connect your community to food resources in their community as well as provide them with information about elder meals programs and Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps).
- To apply for SNAP benefits: <https://www.fns.usda.gov/snap/recipient/eligibility>
- Find a local food bank: <https://www.mass.gov/how-to/find-a-local-food-bank>
- School closures and meal site information: <https://docs.google.com/spreadsheets/d/1gcj-hEqLnqdpn1M6j74fKpgjdQ1F2O6XxVvwcvDkQYI/edit#gid=0>
- To apply for WIC: <https://www.mass.gov/how-to/apply-for-the-women-infants-children-wic-nutrition-program>

Appendix 1: Housing Options Rubric from Safe Passage, Inc.,
Northampton (used with permission)

Considerations	Shelter	Hotel	Other option
GUEST AGENCY	LIMITED <ul style="list-style-type: none"> • 4:1 bathroom ratio • Extensive small common spaces • *Shared kitchen; could adopt MRE model 	BEST <ul style="list-style-type: none"> • 1:1 bathroom ratio • Single and single-family occupancy units • No common spaces • MRE model 	LIMITED/GOOD <ul style="list-style-type: none"> • 1ish:1 bathroom ratio • Significantly larger common spaces • MRE model
REDUCED INTERACTION	LIMITED/POOR <ul style="list-style-type: none"> • 4:1 bathroom ratio • Staff:staff and staff:guest contact managed by practice • Guest accountability requires visual confirmation • Guest:guest contact encouraged by shared spaces • Guests remaining in close contact with one another, providing community support 	BEST <ul style="list-style-type: none"> • 1:1 bathroom ratio • Staff:staff and staff:guest contact managed by practice • Guest accountability by landline • Guests remaining in close contact with one another, providing community support 	LIMITED/GOOD <ul style="list-style-type: none"> • 1ish:1 bathroom ratio • Staff presence needed for accountability and practical support • Guest accountability requires visual confirmation • Larger and more common spaces facilitate social distancing • Guests remaining in close contact with one another, providing community support
SANITATION	LIMITED <ul style="list-style-type: none"> • 4:1 bathroom ratio • Limited by availability of supplies and presence of staff to provide health education 	LIMITED <ul style="list-style-type: none"> • Limited by availability of supplies and presence of staff to provide health education 	LIMITED/POOR <ul style="list-style-type: none"> • 1ish:1 bathroom ratio • Limited by availability of supplies and presence of staff to provide health education
ISOLATION	NO	LIMITED/GOOD <ul style="list-style-type: none"> • No ability to isolate within family units 	LIMITED/GOOD <ul style="list-style-type: none"> • Ability to isolate within family units • More capacity to assign symptomatic

			person to private bathroom
SUPPORT SICK GUESTS	LIMITED/POOR	YES but only with appropriate staffing and equipment	YES but only with appropriate staffing and equipment
SUSTAINABILITY	BEST	POOR <ul style="list-style-type: none"> • Expensive – possibility of negotiating lower cost? • Hotel might close • Possibility of negotiating open-ended stay even if hotel closes? 	GOOD <ul style="list-style-type: none"> • Free • Community partner is committed to our presence

Appendix 2: Sample Shelter Guest Agreement during COVID-19 Emergency

As the Coronavirus has swept across the world, across the state, and into our community, it has created a great deal of fear and uncertainty, along with many different recommendations and regulations to help us all be safe. In response to the Coronavirus pandemic, Governor Charlie Baker has implemented a stay at home advisory which is currently effective until May 4, 2020 unless extended. This advisory strongly recommends:

- Only leave home for essential errands such as going to the grocery store or pharmacy.
- When you do leave home, practice social distancing by staying 6 feet away from others.
- If you are at high-risk, you should ask about special hours at your local pharmacy or grocery store for high risk individuals.
- When going to the pharmacy ask if you can fill your prescriptions for 90 days if possible; for some medications this is not allowed. If you are at high-risk, try to use a mail-order service.
- You can still go to the gas station, order and pick up take-out food, and receive deliveries.
- You can still go outside to get fresh air, but make sure you practice social distancing and avoid touching surfaces frequently touched by others. Don't participate in close contact activities such as pick-up sports games.
- Use remote modes of communication like phone or video chat instead of visiting friends or family. Refrain from visiting nursing homes, skilled nursing facilities, or other residential care settings.
- Non-essential medical care like eye exams, teeth cleaning, and elective procedures must be rescheduled.
- If possible, health care visits should be done remotely.
- Parents should not have play dates for children

Taking these steps helps prevent the spread of the virus, helps preserve our hospital capacity for very ill patients, and preserves our supply of PPE (personal protective equipment) so critically needed by our medical workers.

In an effort to do our part to help prevent the spread of Coronavirus and protect the health and safety of all community members, _____ asks all emergency shelter residents to abide by the following rules which represent our best effort to abide by state advisories. We realize that these may seem inconvenient or harsh, but they are for everyone's safety and health. Be assured that staff are also practicing these safety precautions in the shelter and outside of it.

Please initial each line and sign at the bottom.

_____ I have read and talked to shelter staff about the provisions of the state stay at home advisory written at the top of this page.

_____ I understand that _____ considers each unit of the emergency shelter as a "household or living unit" as defined by the state advisory.

_____ I understand that I may not go into another residential unit within the shelter.

_____ I understand that I must stay 6 feet away from staff and other residents—even ones who share my unit. This may mean that we need to take turns in small places such as the kitchen, bathroom or laundry areas.

_____ I understand that I may use the programming unit, playroom, resource room, porch, backyard, and smoking area, but that I must stay six feet away from other residents in those spaces. If it is not possible for everyone to stay the proper distance away, I understand that we will need to take turns. Staff can help with this.

_____ I understand that it is my responsibility to clean both my bedroom and any other areas I have used daily, using cleaning products provided by staff.

_____ I understand that I must fully cover coughs and sneezes with my inner elbow or a tissue, and that I must dispose of the tissue in a trash can and wash my hands immediately after coughing or sneezing.

_____ I understand that if I or my child become ill or display symptoms (such as dry cough, repeated coughing, fever, etc.) I will be asked to wear a mask while around any other people in the shelter. I may be asked to move units or to call the office for assistance rather than walking through the programming unit.

_____ I understand that I am advised to limit my time outside my living unit and should not go to other places to gather in groups or have in person social contact such as visiting friends or family during the duration of the stay at home advisory. Staff can help me explore other ways to connect with family and close friends if I need help.

_____ I agree that I will only leave the shelter for essential purposes such as travel to work, shopping for necessary food or medicine, outdoor activity, and doctor's appointments, and will maintain proper distance (6 feet) from others while doing so. I understand that this is to prevent the potential spread of the virus between people I come in contact with.

_____ I understand that I am encouraged to talk to staff if I have been exposed to Coronavirus or if I display symptoms such as cough, fever, headache, or other respiratory distress. I understand that my health status will not jeopardize my shelter stay so long as I abide by these rules. I understand that staff will help me access local health resources and/or follow recommended treatment protocol (i.e. confine to bedroom/bath for 14 days while treating symptoms with OTC medications.)

_____ I understand that these rules are for my safety as well as the safety of other residents, staff, and the community at large.

_____ I understand that because of the seriousness of the Coronavirus pandemic, if I fail to abide by this agreement, I will be asked to leave the emergency shelter.

Program Participant Name & Signature

Date

Appendix 3: Staff Quarantine

